

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

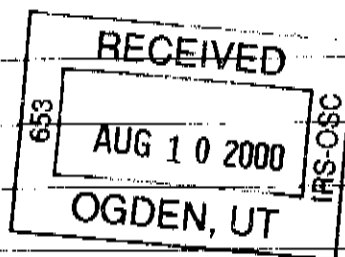
1 Name of organization SKEET ALFORD, CANDIDATE FOR HOUSE DIST. 21, COMMITTEE TO ELECT		Employer identification number 91 2064292
2 Mailing address (P.O. Box or number, street, and room or suite number) 3816 REID ST.		
City or town, state, and ZIP code PALATKA, FL 32177		
3 E-mail address of organization		
4a Name of custodian of records ROSEMARY NOTES	4b Custodian's address 126 RADCLIFF ROAD PALATKA, FL 32177	
5a Name of contact person SKEET ALFORD	5b Contact person's address 3816 REID ST. PALATKA, FL 32177	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 3816 REID ST.		
City or town, state, and ZIP code PALATKA, FL 32177		

Part II Purpose

7 Describe the purpose of the organization

CAMPAIGN TO ELECT SKEET ALFORD TO FL. HOUSE DIST. #21**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
N/A		
N/A		
N/A		
N/A		
N/A		



Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official _____

Date: _____

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: July 27, 2000
0716 934125
Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Wheat Aylford
3816 Reid St
Palatka, FL 32177

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (person who established the trust).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - ☒ F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

(over)

**Skeet Alford
District 21 Candidate
Florida House of Representatives
3816 Reid St
Palatka, FL 32177
904-325-7330
904-325-5177 FAX**

FAX COVER SHEET

Date: 7-28-00

To: INTERNAL REVENUE SERVICE

@: _____

Fax#: 678-530-6156

From: SKREET ALFORD

of Pages including cover: 2

** If you have any trouble receiving this fax, please contact our office. **

